DO NOT WRITE BELOW THIS LINE.

| WEIGHT (LB) TIME DATE  | CHEMICAL WASTE MANAGEMENT, INC.  |  |
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|  | COMMODITY: HAZARDOUS WASTE   | WEIGHMASIER Weighed of   |
|  |  | 35251 Old Skyline Road<br>Kettleman City, CA   |
| NSS:   | DEPUTY WEIGHMASTER   | NO: 122492   |
|  |  | WEIGHMASTER CERTIFICATE  |
|  | n n  | This is to certify that the following describe commodity was weighed, measured, or coun by a WEIGHMASTER, whose signature is an traceptificate, who is a recognized authority of accuracy, as prescribed by CHAPTER 7 (commencing with § 12700) of Division 5 of the California Business & Professions Code, administered by the Division of Measurement 15 and 15 of Collifornia Description of Measurement of Food   |
| E: 2210 LE   |  | certificate, who is a recognized authority of accuracy, as prescribed by CHAPTER 7   |
| :  |  | (commencing with \$12/00) of Division 5 of the California Business & Professions Code, administered by the Division of Measurement   |
| DAGE: 444 18   |  | Standards of California Department of Food and Agriculture.  |
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| UNIFORM HAZARDOUŚ  | . Generator's US EPA ID No.                                | Manifest Documen                      | t No.                                    | 2. Page 1  | Information in the shaded ar   |
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| WASTE MANIFEST   | The termination for the literature to                      | 139                                   | 141                                      | of   | is not required by Federal la  |
| 3. Generator's Name and Mailing Address  |  | 1100                                  | - BOOK COMPANIES OF THE COMPANIES OF THE | Manifest Document N                                    | lumber   |
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| 19503 NORMANDIE AVE  |  |                                       | B State C                                | Senerator's ID   |  |
| FORRANCE CA 90502-1109<br>4. Generator's Phone (562 627-3014)  |  |                                       |  | 1 1 1 1 1  | 1 1 1 1 1 1  |
| 5. Transporter 1 Company Name  | 6. US EPA ID Number  | · · · · · · · · · · · · · · · · · · · | C State 1                                | ransporter's ID  |  |
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| KV.S TRANSPORT   | Aton 040982  | 495608                                | D. Transp                                | orter's Phone  | 5 589 57   |
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|  | The second of  |                                       | F Transa                                 | orter's Phone  | A CONTRACTOR SALES   |
| Designated Facility Name and Site Address  | 10. US EPA ID Number                                       |                                       |  | Facility's ID  | andre de la companya |
| CHEMICAL WASTE MANAGEMENT,   |  |                                       |  | PART SALE PART AND | XXXXX  |
| 35251 OLD SKYLINE ROAD   | <ul> <li>(本) (本) (本) (本) (本) (本) (本) (本) (本) (本)</li></ul> |                                       | H. Facilit                               | v's Phone  |  |
| KETTLEMAN CITY CA 93239  | CANNIAC  | 6 4 5 1 1 17                          |  |  | (209)386-9711  |
| 11. US DOT Description (including Proper Shipping N  | Jama Hazard Class and ID Number                            | 12. Co                                | ntainers                                 | 13. Total  | 14. Unit   |
|  |  | No.                                   | Туре                                     | Quantity   | Wt/Vol 1. Waste Numb   |
| <sup>©</sup> NON RORA HAZARDOUS WAS<br>SOJL CONTAMINATED WITH LE   | ME SOLID.  |                                       |  |  | State 511  |
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| J. Additional Descriptions for Materials Listed Above  a. CD8311   |  |                                       | K. Handli                                | ng Codes for Wastes                                    | s Listed Above   |
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| 15. Special Handling Instructions and Additional Info  |  |                                       | 1  |  |  |
| THEMTREC Emergency Respons   | se Number (800)424-9                                       | JAP                                   |  |  |  |
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| 16. GENERATOR'S CERTIFICATION: I hereby declare  | e that the contents of this consignment are f              | ully and accurately descr             | ibad abova l                             | hu propor chinaina n                                   | ama and are alassified marks   |
| marked, and labeled, and are in all respects in p  | proper condition for transport by highway                  | according to applicable               | internationa                             | oy proper snipping no<br>ol and national gover         | nment regulations.   |
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| If I am a large quantity generator, I certify that practicable and that I have selected the practical  | ble method of treatment, storage, or disno                 | sal currently available to            | a má which                               | minimizae tha neacan                                   | st and future threat to human  |
| and the environment; OR, if I am a small quanti<br>available to me and that I can afford.  | ty generator, I have made a good faith ef                  | fort to minimize my was               | te generatio                             | on and select the bes                                  | t waste management method  |
| Printed/Juped Name   | Signature  | 11.11                                 | 1  |  | Month Day  |
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| 17. Transporter 1 Acknowledgement of Receipt of Mo   | nterials   |                                       |  |  |  |
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| HCMAN L. CO  | re Me  | man 8.                                | CP                                       | Re   | 0410   |
| <ol> <li>Transporter 2 Acknowledgement of Receipt of Mo<br/>Printed/Typed Name</li> </ol>  | aterials Signature   |                                       |  |  |  |
| Timour Typeu Hume  | Signature  |                                       | · . • .                                  |  | Month Day  |
| 19. Discrepancy Indication Space   |  | · · · · · · · · · · · · · · · · · · · |  |  |  |
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| 20. Facility Owner of Operator Certification of receive  | for hazardous materials covered by this a                  | anifest except as noted               | in Item 19                               |  |  |
| 20. Facility Owner of Operator Certification of receive  | of hazardous materials covered by this Signature           | nanifest except as noted              | in Item 19.                              |  | Month Day  |
| 20. Facility Owner of Operator Certification of receive Printed Typed Name   |  | nanifest except as noted              | in Item 19.                              |  | Month Day  |

Write: TSDF SENDS THIS COPY TO DTSC WITHIN 30 DAYS. 3c. R.O. Box 3000, Sacramento, CA 95812

| WEIGHT (LB) TIME   | DATE  | COMMODITY. MAZARDOUS WASTE | CHEMICAL WASTE MANAGEMENT, INC. WEIGHMASTER weighed at 35251 Old Skyline Road Kettleman City, CA   |
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| oss:   |   | DEPUTY WEIGHMASTER         | No: 122494   |
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| WEIGHT (LB) TIME   | DATE   | COMMODITY: HAZARDOUS WASTE   | CHEMICAL WASTE MANAGEMENT, INC.  |  |  |
|--|--|--|--|--|--|
| WEIGHT (LB) TIME   |  |  | WEIGHMASTER weighed at 35251 Old Skyline Road  |  |  |
|  |  | DEPUTY WEIGHWASTER   | Kettleman City, CA   |  |  |
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| ACT H  |  |  | 그런째 어떻는 현지의 현대 등의  |  |  |
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